

| MULTIPLE DEPENDENT CLAIMS FEE CALCULATION SHEET (FOR USE WITH FORM PTO-375) | | | | | | SERIAL NO. | | FILING DATE | |
|---|------|--------------------|------|--------------------|------|-----------------|--|-------------|--|
| | | | | | | APPLICANT(S) | | | |
| CLAIMS | | | | | | | | | |
| AS FILED | | AFTER INDEMNITY | | AFTER INDEMNITY | | | | | |
| IND. | DEP. | IND. | DEP. | IND. | DEP. | | | | |
| 1 | | | | | | 51 | | | |
| 2 | | | | | | 52 | | | |
| 3 | | | | | | 53 | | | |
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| 50 | | | | | | 100 | | | |
| TOTAL IND. | | 4 | | | | TOTAL IND. | | | |
| TOTAL DEP. | | 64 | | | | TOTAL DEP. | | | |
| TOTAL CLAIMS | | 68 | | | | TOTAL CLAIMS | | | |

Best Available Copy